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Bib Data Sheet

CONFIRMATION NO. 8042

<b>SERIAL NUMBER</b> 09/954,494	<b>FILING OR 371(c) DATE</b> 09/17/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 3863.015	
<b>APPLICANTS</b> James G. Castillo, Lutz, FL;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 10/13/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> PENDORF & CUTLIFF 5111 Memorial Highway Tampa ,FL 33634-7356					
<b>TITLE</b> ALCOHOL BASED TOPICAL ANESTHETIC FORMULATION AND METHOD					
<b>FILING FEE RECEIVED</b> 1035	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		